

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 09/07/01.
 - b. The request was received on 07/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAAs-1500
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. The case file does not contain the additional information from the requestor as required by Rule 133.307 (g) (3). The Austin Division was, therefore, unable to comply with Rule 133.307 (g) (4), and forward a copy of the requestor's additional information to the respondent. The Division requested the additional information from the requestor on 08/06/02. There are no respondent responses in the case file. The respondent was notified of the request for medical dispute resolution by mail on 07/31/01 by the Austin Division. The "No Information Found in Case File" sheet is reflected in Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: No Position Statement
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/07/01.
2. Per the provider's TWCC-60, the amount billed is \$162.00; the amount paid is \$0.00; the amount in dispute is \$116.80.

3. The carrier denied the total billed services of \$162.00 on the DOS by what appears to be a “Duplicate” code. The EOB is not separated into specific CPT codes, but by the total amount billed. The provider sent a letter for “request for reconsideration” to the carrier on 06/03/02 with a copy to TWCC Compliance and Practices.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/07/01 09/07/01	99204 99070	\$150.00 \$12.00	\$0.00 \$0.00	D D	\$106.00 DOP	Rule 133.307 (g) (3) (B), (C); MFG MGR CPT descriptor	No documentation of the procedures billed for the DOS were found in the case file to support that the services were rendered as billed. Rule 133.307 (g) (3) (B) requires a copy of pertinent medical records or other documentation relevant to the fee dispute. The provider failed to submit a statement of the disputed issues per Rule 133.307 (g) (3) (C). No reimbursement is recommended.
Totals		\$162.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 5th day of December 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm